

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>4/18/05</u>		2 Serial/Patent # <u>10/531740</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input checked="" type="checkbox"/>	Filing			\$ 50.00						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
Done		7 TOTAL AMOUNT OF REFUND		\$ 50.00						
		8 TO BE REFUNDED BY:								
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					--			
		--								
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Darrell Cottman</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>Darrell Cottman</u>		PHONE: <u>713-308-9140x203</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>2/2/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

Enclosure Text

MAILROOM DATE: 04/18/2005

NAME/NUMBER: 10531740

ATTY DOCK #/TRADEMARK: 466/1

AMOUNT REFUNDED: 50.00

OVERPAYMENT FOR A SERVICE

FOR QUESTIONS RELATING TO REFUND, CONTACT

WENDY TRICE - 703 308-9290 EXT 145

09/20/2005

